



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/18/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000017632

FACILITY NAME -> PENSKE AUTO CENTER

MAILING ADDRESS -> 3270 W BIG BEAVER RD  
TROY, MI 48084-3163

INSTALLATION ADDRESS -> 785 CANANDAIGUA RD - SVC CTR  
GENEVA, NY 14456

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: TATUM, DAVID  
MGR SPEC PROJ  
PENSKE AUTO CENTER  
3270 W BIG BEAVER RD  
TROY, MI 48084-3163



Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NY R0000017632

II. Name of Installation (Include company and specific site name)

PENSKE AUTO CENTER

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

785 CANANDAIGUA

Street (Continued)

SERVICE CENTER

City or Town

GENEVA

State

Zip Code

NY 14456-

County Code

County Name

069 ONTARIO

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3270 W BIG BEAVER RD

City or Town

TROY

State

Zip Code

MT 48084-3163

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

TATUM

DAVID

Job Title

Phone Number (Area Code and Number)

MGR SPEC PROJ

810-643-5171

VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other



B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

PENSKE AUTO CENTER INC

Street, P.O. Box, or Route Number

3270 W BIG BEAVER RD

City or Town

TROY

State

Zip Code

MT 48084-3163

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

810-614-1116

P

P

Yes

No

120195

Call Michelle X McMahon (610) 775-6099

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

### A. Hazardous Waste Activity

### B. Used Oil Recycling Activities

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. Generator (See Instructions)<br>a. Greater than 1000kg/mo (2,200 lbs.)<br><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)<br><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)<br><input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)<br>a. For own waste only<br><input type="checkbox"/> b. For commercial purposes<br><br>Mode of Transportation<br><input type="checkbox"/> 1. Air<br><input type="checkbox"/> 2. Rail<br><input type="checkbox"/> 3. Highway<br><input type="checkbox"/> 4. Water<br><input type="checkbox"/> 5. Other - specify _____ | <input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.<br><input type="checkbox"/> 4. Hazardous Waste Fuel<br><input type="checkbox"/> a. Generator Marketing to Burner<br><input type="checkbox"/> b. Other Marketers<br><input type="checkbox"/> c. Boiler and/or Industrial Furnace<br><input type="checkbox"/> 1. Smelter Deferral<br><input type="checkbox"/> 2. Small Quantity Exemption<br>Indicate Type of Combustion Device(s)<br><input type="checkbox"/> 1. Utility Boiler<br><input type="checkbox"/> 2. Industrial Boiler<br><input type="checkbox"/> 3. Industrial Furnace<br><input type="checkbox"/> 5. Underground Injection Control | <input type="checkbox"/> 1. Used Oil Fuel Marketer<br><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner<br><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications<br><input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)<br><input type="checkbox"/> a. Utility Boiler<br><input type="checkbox"/> b. Industrial Boiler<br><input type="checkbox"/> c. Industrial Furnace<br><input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)<br><input type="checkbox"/> a. Transporter<br><input type="checkbox"/> b. Transfer Facility<br><input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)<br><input type="checkbox"/> a. Process<br><input type="checkbox"/> b. Re-refine |
|---|--|--|

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

### X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature \_\_\_\_\_

Name and Official Title (Type or print)

Marc E. Althen  
Assistant Secretary

Date Signed  
12/04/95

## XI. Comments

SEC VII. PREVIOUS OWNER: KMART CORP.

NEW PLAN REALTY TRUST

PROPERTY OWNER: NEW PLAN REALTY TRUST  
1120 AVE. OF AMERICANS NEW YORK, N.Y. 10036

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)